Case Study Two

ELECTRONIC MEDICAL RECORD

C&G Management's primary driver for implementing Chart2Go last year was to advance their facilities to paperless charting, but they received more benefits than anticipated. They were already successfully using Add-On financials and Accu-Care clinical and were planning to add the Vicuña system (Omnicare's E-Mars) to their facilities (which they have since successfully implemented). Chart2Go was a logical addition to their system in the spring of 2008 as a data gathering and CNA charting program to support the paperless goals of this organization.

C&G management is fortunate to have Jim Shelton to manage their IT Department. He has broad experience in IT and hospital administration with military service background and excellent knowledge of teaching/learning principles. Jim, along with Donna Houser, LPN, embraced the challenging task of implementation.

Jim realized that he needed to first analyze the current work flow of the nursing homes systems and then apply Chart2Go to this process. Early on he realized that the nursing home had a couple of areas that needed attention prior to starting the formal training of the Chart2GO system.

All key staff were told that they would be installing the Chart2GO system in the building as part of a paperless goal of the corporation. He did outline the CMS policy on where the government wanted our industry to be in a few years as it related to electronic medical records (EMRs). Chart2GO was to be the first component leading to an EMR, and Jim needed to be sure that everyone knew this was an important event.

Jim also realized that the staff did not understand what an ADL was, as defined by the government or how it could really impact the financial statements of each building. He emphasized the importance of a proper audit trail since the government verifies if charting is done properly as it relates to reimbursement and remains consistent throughout the chart.

One of Jim's first objectives was to map out the current work flow and empower the CNAs following their initial reservations and hesitation. In doing so, he could then match up current staff' practice with the PDA program to minimize workflow changes. Even the biggest skeptics were won over and the CNAs began to feel like a more important part of the team.

In the beginning they only implemented Meals, Vitals and Bowel and Bladder programs as they were the easiest for the staff to understand. ADL's and Mood documentation were more complex so he wanted to save it for last, after the staff was familiar with the mechanical functioning of the PDA and scoring definitions.

As they matched up their old practices (this helped in getting it accepted and implemented) with the electronic version in the Chart2Go program, it resulted in eliminating some duplication of data entry they

were experiencing with their paper system. In keeping with their current practices, they had CNAs assigned to halls not specific residents. After much evaluation they decided to leave the care assignments as hallways and to create resident specific charting assignments. If an aide helps a resident who is 'chart' assigned to another aide, then he/she will tell that aide who will in turn chart the event.

This facility did use separate PDA's for Meal data gathering and for recording the RA minutes. They also had all of their buildings up and running with the Chart2Go system in parallel with their old documentation system for a few weeks before retiring the paper system.

Concerning charting, it was determined that the aides would do a couple of tasks with a resident and then chart the event. If they charted after every event, it would take to much time. If they did too many tasks then they would forget exactly what they did for the resident and would under score the event. This underscoring is exactly the problem they wanted to resolve. They could change their scoring throughout the shift if needed, trained to retain the highest score provided for the shift.

They are now getting more useful information than they had before, and have begun training staff on how to use the new data to improve resident outcomes, maximize justifiable MDS scoring, and avoid documentation omissions. Their Medicare average daily RUG rate improved **25.83%** from the first half to the second half of 2008.

Jim Shelton's unique process of analyzing the workflow of an organization and then reconstructing it was critical to the successful implementation of Chart2GO. Also the support of the owners, administrator's, DON's and super users helped this organization make a successful transition to electronic CNA charting.